Case Report

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KSHARASUTRA LIGATION IN THE MANAGEMENT OF ARSHA (FOURTH DEGREE PILES): A CASE REPORT

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ABSTRACT

Introduction: Arsha (Haemorrhoids) is a common anorectal condition that causes significant discomfort and affects quality of life. While modern surgical options exist, they are often associated with postoperative complications. Case Presentation: A 52-year-old female patient presented with a 3-year history of prolapsed fourth-degree interno-external haemorrhoids at the 5 and 7 o'clock positions, accompanied by rectal bleeding and anal pain. The patient's complaints were aggravated by her long-standing habit of consuming spicy foods. Conservative treatment failed to provide relief. The hemorrhoidal masses were subsequently treated with Ksharasutra (medicated caustic thread) ligation under spinal anaesthesia. Lessons Learned: This case demonstrates that Ksharasutra ligation is a safe, effective, and minimally invasive procedure for high-grade haemorrhoids. The technique combines chemical cauterization and mechanical pressure, leading to the sloughing of the pile mass and clean healing with minimal complications like pain, bleeding, or stricture. Outcome: The pile masses sloughed off by the 7th postoperative day, and the wounds healed completely by the 25th day without any complications such as anal spasm, stricture, or recurrence. The patient reported significant relief and a full recovery.

Keywords: Arsha, Anorectal Disorder, Ksharasutra, Piles

INTRODUCTION

Arsha (Haemorrhoids) is classified under ashtomahagada (eight dreadful diseases)[1], which affects the guda pradesh (anal region). The Guda (anus) is recognized as a sadyopranahara marma, requiring meticulous and sensitive management. In the traditional Ayurvedic scriptures, the condition identified as Arsha which correlates to haemorrhoids in modern medicine, is elaborately discussed in classical texts like the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridayam. Arsha refers to engorged or inflamed veins in the rectal region, classified as a disorder of the guda (anus) and influenced by an individual's prakriti (body constitution), primarily linked to an imbalance in the Vata dosha.

The Ayurvedic perspective attributes the primary cause of Arsha to the aggravation of Vata dosha, which governs movement and excretory functions. This imbalance can cause the veins in the anal region to swell and inflame. Additionally, Pitta dosha may contribute, leading to irritation and inflammation, while Kapha dosha may result in mucus secretion and localized swelling. Presently, there are various treatment methods such as rubber band ligation, cryosurgery, infrared coagulation therapy, haemorrhoidectomy, and sclerosing injection therapy. However, each of these has its own limitations[2] and may result in complications like incontinence, haemorrhage, or anal stricture[3].

This condition can be correlated with Haemorrhoids in the modern science, in which dilated veins within the anal canal in the sub epithelial region formed by radicals of superior, middle and inferior rectal veins[4]. Haemorrhoids are an engorgement of the Haemorrhoidal venous plexus, characterized by bleeding per rectum, constipation, pain, prolapse and discharge.

Sushruta has described the use of Pratisaraniya Kshara (topical application of Kshara) for treating Arsha and the ligation of Ksharasutra for conditions like Nadivrana (sinus), tumors, and tumor-like growths[5].

In this study, a patient with fourth-degree mixed (intero-external) piles at the 5 and 7 o'clock positions around the anal region was treated using the Ksharasutra (medicated thread) ligation technique. The Ksharasutra was prepared according to the standards of the Ayurvedic Pharmacopeia of India (API), involving the use of Snuhi latex (*Euphorbia nerifolia*), Apamarga Kshara (ash of *Achyranthus aspera* Linn.), and Turmeric powder (*Curcuma longa* Linn.) applied to Barbour's surgical thread No. 20 [4].

CASE REPORT

A 52-year-old female patient visited the Shalya Tantra outpatient department, Major SD Singh PG Ayurvedic Medical College and Hospital, Farrukhabad, Uttar Pradesh, India, seeking treatment for Arsha. She had a long-standing habit of consuming spicy foods. By profession, she is housewife. The patient reported a 3-year history of prolapsed haemorrhoids during defecation, accompanied by rectal bleeding and anal pain that started 2 weeks prior.

Clinical findings

On local examination, haemorrhoidal masses were observed at the 5 and 7 o'clock positions (Figure 1) followed by a proctoscopic evaluation which revealed intero-external haemorrhoids at the specified positions. Investigations for HIV, VDRL and HbsAg were conducted. Despite undergoing

conservative Ayurvedic treatment for 15 days, the patient experienced no significant relief. Consequently, she sought treatment at the Shalya OPD for Ksharasutra therapy. Routine laboratory tests, including blood, urine, and stool examinations, were performed and reported as normal. Imaging studies, such as a chest X-ray and an abdominal ultrasonography, also revealed no abnormalities. Based on these findings, the case was scheduled for Ksharasutra ligation under spinal anaesthesia.

Intervention

Pre-operative Procedure

Consent and Preparation: Written informed consent was obtained from the patient. Then, part preparation was done by shaving and cleaning the perianal region the day before the surgery.

Prophylactic Measures: 0.5 ml of Tetanus Toxoid was administered intramuscularly, and a sensitivity test was done for Inj. Xylocaine a day before the surgery.

Bowel Preparation: A soap water enema was administered at previous night before the operation. Followed by the administration of a proctoclysis enema on the morning of the surgery.

Medication: Erand Bhrishta Haritaki (5 gm) was prescribed to be taken at night with lukewarm water.

Fasting: The patient was advised to remain NBM from 10 PM on the night preceding the surgery.

Operative Procedure

Preparation: The patient was positioned in lithotomy after administration of spinal anaesthesia. The anal and peri-anal areas were disinfected using Betadine solution and spirit. Sterile linen cut sheets were used for draping.

Anal Dilatation: Anal dilatation up to four fingers was performed. Then the interno-external pile mass at 5 o'clock was held and incised using cutting scissors up to the mucocutaneous junction, ensuring preservation of sphincter muscles and mucosal tissue. Trans fixation and ligation at the pedicle's base were completed with Ksharasutra using a round body curved needle (Figure 2). The thread was placed along the incised portion and secured with a reef knot. The same steps were repeated for pile masses located at the 7 o'clock positions.

Postoperative Care: Proper haemostasis was ensured, and the area was cleaned with Betadine solution. A Diclofenac suppository was inserted into the rectum. T-bandage was applied and patient was shifted to the recovery room in stable condition.

Post-Operative Procedure

Initial Care: The patient was kept nil by mouth for six hours post-surgery. Intravenous fluids, including Ringer Lactate and Dextrose Normal Saline (1 liter each), were administered. Liquids were allowed after six hours.

Medications: Intravenous Ceftriaxone (1 gm, twice daily) and Ornidazole (twice daily) were given for two days. Injection Diclofenac was administered as needed for pain relief.

Therapy: Eranda Bhrishta Haritaki (5 gm at bedtime) was prescribed for bowel regulation. Triphala Guggulu (500 mg, thrice daily) was recommended. Sitz baths with warm water and Panchavalkala Kwatha were advised twice daily. Dressing was done regularly, followed by Matrabasti with 10 ml Jatyadi Taila daily after dressing.

Dietary Advice: From the evening of the next day, the patient was advised to consume a diet including green vegetables, fruits, rice, lentils (dal), and adequate water. Avoidance of non-vegetarian food, oily and spicy dishes, junk food, and alcohol was strictly recommended.

Further Care: On the 7th post-operative day, necrosed pile masses began sloughing off (Figure 3). Dressing and Matrabasti with Jatyadi Taila were continued for the next 10 days. On the 10th post-operative day, anal dilatation commenced using anal dilator No. 4, lubricated with Jatyadi Ghrita, and was performed daily.

RESULTS AND DISCUSSION

By the 25th post-operative day, all wounds had healed completely, and no signs of anal spasms, strictures, or other complications were observed.

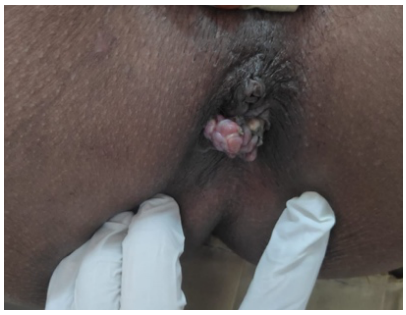

Figure 1: Interno-external haemorrhoids at the 5 and 7 o'clock positions of the anal canal

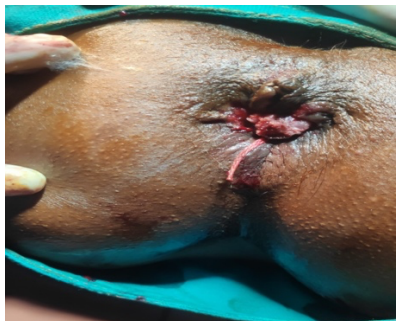

Figure 2: Ligation with Kshar Sutra

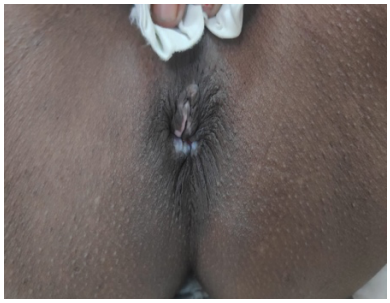

Figure 3: On 7th Post- Operative Day

Sushruta outlined a fourfold approach to the treatment of Arsha (piles), which includes: aushadhi, use of medicinal therapies,

Kshara, application of caustic substances, Agni, therapeutic cauterization, Shastra, surgical intervention[5].

Modern medicine offers various treatment modalities for haemorrhoids, including cryosurgery, sclerosing injection therapy, infrared therapy, rubber band ligation, and both open and closed haemorrhoidectomy. However, these methods often have limitations, including postoperative complications such as pain, haemorrhage, delayed healing, and stricture formation[3].

Compared to traditional haemorrhoidectomy, Ksharasutra ligation has been reported to be a superior alternative due to its minimal postoperative adverse effects. In the present case, the patient did not experience postoperative haemorrhage or urinary retention following Ksharasutra ligation. Furthermore, long-term complications such as anal stricture or faecal incontinence were absent, reinforcing the efficacy and safety of this procedure.

In this study, Ksharasutra was applied under spinal anaesthesia and was dislodged by the 7th post-operative day at the latest. The Kshara coated on the thread exhibited antimicrobial[6], anti-inflammatory, and chemical cauterization properties, which facilitated the healing process following the sloughing off of the pile masses[7].

Due to its alkaline nature (pH 10.3), the Ksharasutra prevented bacterial growth at the site of ligation. The cutting and sloughing effects are attributed to the combined actions of Kshara, Snuhi latex, and the mechanical pressure exerted by the Ksharasutra during the initial 1–2 days of application. The subsequent days were marked by a progressive healing process. Turmeric (*Curcuma longa*) powder, a component of Ksharasutra, helps to neutralize the excessive reaction caused by caustics and aids in the healing process[7]. The Ksharasutra showcases a combined therapeutic effect of three herbal ingredients, Apamarga Kshara (alkaline ash), Snuhi Ksheera (latex of *Euphorbia nerifolia*), and Haridra (turmeric), making it a unique formulation for both cutting the pile pedicle and promoting wound healing.

Adjuvant therapies such as Panchavalkal Kwath play a critical role in maintaining local hygiene, assisting in shodhan (wound cleansing) and ropan (wound healing)[8]. Given the patient's history of constipation, Erand Bhrishta Haritaki powder was prescribed as a bowel regulator (anuloman), providing effective relief. Furthermore, Triphala Guggulu, known for its anti-inflammatory properties, helped alleviate post-operative swelling.

After the pile masses were excised, anal dilatation was recommended to prevent stricture formation. Thus, the combination of Ksharasutra ligation and supportive adjuvant treatments significantly contributed to the smooth healing of the post-operative wound. The patient was advised regular follow-ups, and after 26 days, she had fully recovered, exhibiting a normal scar at the wound site without any complications.

CONCLUSION

The objective of this study was to evaluate the efficacy of Ksharasutra ligation in a case of fourth-degree haemorrhoids. The procedure was found to be highly effective and efficient, achieving complete healing without complications and demonstrating clear advantages over conventional surgical methods. It is associated with minimal complications, simplicity, reduced surgical time, and a significantly lower risk of haemorrhage or recurrence. Patients can resume daily activities quickly, and the postoperative period is less painful. This case successfully demonstrated that multiple fourth-degree haemorrhoids (Arsha) can be effectively treated using Ksharasutra ligation without any adverse effects. However, since this is a single case study, further research involving a larger number of patients is necessary to substantiate these findings and draw more definitive conclusions.

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